MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 595680

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2		1		1		
3		1		1		
4		2	1			
5		(1)	1			
6		(1)		1		
7		(1)		1		
8		(1)		1		
9		(1)		1		
10		(1)		1		
11	1		✕	✕		
12	1		1			
13		1		1		
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TOTAL IND.	4		5			
TOTAL DEP.	11		8			
TOTAL CLAIMS	15		13			

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)